



County of Los Angeles
Department of Mental Health

Client Checklist for Housing Meeting

Please bring this information to your housing meeting at your clinic.

- ___ 1. Original California Driver's License or Original California Photo ID for each adult household member. (Yes, it must be a California ID & with at least six months remaining before expiration.)
- ___ 2. Original, signed Social Security Card for each household member. [Note: The name on the SS card must be the same as the name on the CaID.]
- ___ 3. Copy of County recorder's birth certificate for each household member
- ___ 4. Alien Registration Cards, if any
- ___ 5. Copy of auto registration if homeless in a car or truck
- ___ 6. For City: on a piece of paper, write your address history for the last 5 years (60 months). Include each period of homelessness: how long (to/from dates), name and address of shelters and location of homeless periods in the streets
For County: do the above for the last 3 years (Use attached worksheet.)
- ___ 7. Two emergency contacts: complete names, complete addresses through zip codes, phone numbers, and relationships
- ___ 8. Most recent bank account statement for the last month for all bank accounts of all household members. An on-line printout is not a bank statement.
- ___ 9. Names and complete addresses and phone numbers of any medical doctors
- ___ 10. Motel receipts if staying in and out of motels/hotels (but not a voucher motel/hotel)

Client Residential History Worksheet, Including Homeless Periods

Client Full Name: _____ (Last, First, Middle)

ID#: _____ SS#: _____ - _____ - _____ DOB: ____/____/____

Sex: _____ Descent: _____ Hair: _____ Eyes: _____ Height: _____ Weight: _____

Date From ##/##/##	Date To ##/##/##	Address (## Street, City, State, Zip Code.)	Type (Residence; Hospital; Homeless; etc.)
____/____/____	Present	_____ _____ _____	_____
____/____/____	____/____/____	_____ _____ _____	_____
____/____/____	____/____/____	_____ _____ _____	_____
____/____/____	____/____/____	_____ _____ _____	_____
____/____/____	____/____/____	_____ _____ _____	_____
____/____/____	____/____/____	_____ _____ _____	_____
____/____/____	____/____/____	_____ _____ _____	_____
____/____/____	____/____/____	_____ _____ _____	_____
____/____/____	____/____/____	_____ _____ _____	_____
____/____/____	____/____/____	_____ _____ _____	_____

Date From ##/##/##	Date To ##/##/##	Address (### Street, City, State, Zip Code.)	Type (Residence; Hospital; Homeless; etc.)
____/____/____	____/____/____	_____ _____ _____	_____
____/____/____	____/____/____	_____ _____ _____	_____
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____/____/____	____/____/____	_____ _____ _____	_____
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____/____/____	____/____/____	_____ _____ _____	_____
____/____/____	____/____/____	_____ _____ _____	_____

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Residential History Worksheet.doc